

CONSENT FORM

Study title Lessening the impact of fatigue in inflammatory rheumatic diseases: a randomised clinical trial (LIFT) IRAS 216267

Name of CI: Prof Gary J Macfarlane

Participant ID:

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Please initial each box

Initial

1. I **confirm** that I have read the information leaflet (version ____, date _____). I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. I **understand** that I can contact the study team if I have any further questions.
2. I **understand** that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. I **agree** that any information collected prior to my withdrawal will be used in the analysis; however, no new information will be collected.
3. I **agree** that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from the University of Aberdeen and collaborators involved in the study, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I **give permission** for these individuals to have access to my records.
4. I **agree** to be contacted by the study team via post, telephone or email after the trial period is over. I **agree** that identifiable contact information will be kept after the end of this study and this information will be held confidentially and securely in accordance with the data protection act.
5. I **give permission** for the LIFT study research group to contact my GP or other health care professional to let them know I am taking part in this research.
6. I **give permission** for the LIFT study research group to notify my GP and/or my health care team if incidental findings are discovered.

Please initial one box only

Initial

7. If I am allocated to one of the groups that will get therapist-delivered treatment, I **do** give permission to the LIFT trial research group to record some of the sessions (phone or internet-based audio/video calls) for quality assurance purposes only.
- If I am allocated to one of the groups that will get therapist-delivered treatment, I **do not** give permission to LIFT trial research group to record any of the sessions (phone or internet-based audio/video calls).

Please initial box

Initial

8. I **agree** to take part in this randomised study.
9. **OPTIONAL** - I **agree** that data collected as part of this study may be linked to with health research datasets and data from other research studies. My unique NHS number may be used to do this.

Please initial one box only

Initial

10. I **agree** to give additional blood samples for future ethically approved studies, together with the related data, and I **understand** it may be linked with health research datasets and data from other research studies. My unique NHS number may be used to do this.
- I **do not** agree to give an additional blood sample for future ethically approved studies.

Name of participant

Date (DD/MON/YYYY)

Signature

Name of person taking consent

Date (DD/MON/YYYY)

Signature

NOTE: Original for local Investigator Site File, copies for participant, for central Trial Master File and for participant's medical notes